

ESNEFT Strategic Working Group engagement plan June to December 2018

July 2018

Objective

Effective engagement by trust leadership, supported by the communication and engagement team, with staff and public during the development of the ESNEFT strategy from now until approval of the final strategy in December 2018.

The next phase of engagement from January 2019, which will be on the actual content of the document, will be covered by a separate plan to be drafted in October / November in order to:

- Review the effectiveness of the engagement activity in this period
- target messaging and activity based on the agreed content of the final strategy
- align this plan into the overall communications and engagement plan for ESNEFT which will be developed by the new Director of Communications and Engagement over the summer.

Approach

This plan will build on and bolster the current public, staff and stakeholder engagement carried out by the ESNEFT leadership and communication and engagement team.

There are significant levels of engagement in place already, and effective channels in place (see appendix 1 for recent clinical engagement meetings). This activity was strengthened and documented during development and approval of the merger full business case. Recent progress includes the start of the new Clinical Strategy Group which includes mental health, primary care and STP colleagues. However, more must be done to reach middle management levels and ward / operational staff. A full engagement plan and log will form part of this plan and be regularly updated.

This is an opportunity for ESNEFT to send a clear message about how it will operate by in effect pre-engaging with staff and patients. This is a proactive approach to seek views during the development of a strategy, rather than the traditional model of limiting input to a small group and only asking for views once a final strategy is drafted. This approach will add an extra richness of insight into the final strategy and demonstrate an open culture. However, given this is engagement on broad issues and concepts, responses will not be as detailed or significant in terms of numbers as we would expect for engagement on very specific service changes.

Given the broad nature of the engagement at the moment, much of the public, patient and staff will be contextualised through the 'time matters' philosophy, rather than service specific.

The ESNEFT strategy will developed through three phases, which also align to the clinical strategy. These and the corresponding engagement activity are set out in the table below.

	Organisational strategy	Clinical strategy	Engagement activity
June-September	Data gathering and setting the ambition	Specialty (40) SWOTs and data gathering	Initial views of public and staff
Sept-November	Iteration of strategic objectives and KPIs	Develop and challenge specialty plans	Test objectives and KPIs resonate
December	Consolidate strategy document	Consolidate strategy document	Consolidate public and staff views into document.
Engagement and feedback on overall strategy			

Considerations

There are a number of considerations which has shaped our approach to communications and engagement in this strategy.

- Time matters should provide the overall context for the strategy
- senior clinicians and nurses are involved as part of the Clinical Strategy Group, but more effort must be made to reach their teams, and middle management levels
- any proposed changes to NHS services or organisations can be worrying for patients, staff, the wider public and stakeholders
- important to correctly position this work so staff are clear on how this, the clinical strategy, OD and values, capital SOC etc are all aligned - otherwise risk of confusion / overload.

Principles

- Clear, understandable and consistent material and messaging
- focus on practical information and planned benefits, not process
- address concerns upfront
- work with and through existing networks and relationships to broaden reach and impact, especially with harder to reach communities
- use the most appropriate channels and language for the audience based on feedback from surveys

- regularly test understanding of language, use of channels and impact of activity through public/ staff / stakeholder opinion surveys
- use social and digital media where appropriate to maximise reach and value for money.

Key opportunities for this plan

- Provide Board and other senior decision makers with additional insight from staff, public and stakeholders to help shape initial development of the strategy
- promote brand of ESNEFT as organisation which proactively engages with staff and public
- provide positive context for start of 'formal' engagement in January 2019, as strategy will already have had staff and patient input
- help raise awareness of 'time matters' philosophy
- increased buy-in to new organisation
- be a national exemplar for organisational change
- clear, consistent corporate branding in place to simplify communication with public
- intelligence-led activity will impact with all audiences
- expectations managed properly
- encourage success by highlighting joint working already under way
- improved staff morale.

Success / evaluation measures - year one

- Staff and public informed and engaged
- increase in staff and public engagement / net promoter score
- Improvement in medical engagement scores
- Qualitative and quantitative engagement data available for senior decision makers.

Target audiences

The table below sets out the categories we are using to stratify our audiences and includes examples for each for illustration. The categories are being fully populated with relevant individuals, groups and organisations and the programme will maintain and update detailed contact lists for all audiences. These may need to be updated as ESNEFT matures.

<p>Regulator/Scrutiny</p> <p>This category covers dates for formal scrutiny or submission of material relating to the formation of the new organisation</p> <p>Clinical Senate</p> <p>Essex Health & Wellbeing Board</p> <p>Essex Health Overview and Scrutiny Committee</p> <p>Suffolk Health & Wellbeing Board</p> <p>Suffolk Health Scrutiny Committee, Ipswich</p> <p>Suffolk Health & Wellbeing Board, Ipswich</p> <p>NHS England</p> <p>NHS Improvement</p>	<p>Staff</p> <p>This category covers all staff employed by Colchester or Ipswich Trusts</p> <p>ESNEFT Board - Private</p> <p>Local Negotiating Committee</p> <p>Staff-side</p> <p>Staff Reference Group</p> <p>Clinical Breakfast Meetings</p> <p>Local Negotiating Committee</p> <p>Medical Staffing Committee</p>
<p>Patient Groups</p> <p>This category includes formal groupings of patients and public with a specific focus on health, such as IHUG, and the council of governors.</p> <p>ESNEFT Council of Governors</p> <p>Members</p> <p>Patient & Carer Advisory Groups</p> <p>Patient Participation Groups,</p> <p>People's Assemblies</p>	<p>Public/Media</p> <p>This category covers the wide spectrum of the general public.</p> <p>ESNEFT Board - Public</p> <p>Local media</p> <p>Online and social media</p> <p>Regional, specialist and national media</p> <p>Parish magazines etc.</p>

<p>Stakeholders</p> <p>This category covers a broad range of stakeholders, from GPs and health-related bodies like the BMA and LMC, to MPs and the charity, voluntary, education and business sector.</p> <p>Partnership Stakeholder Reference Group</p> <p>BMA</p> <p>LMC</p> <p>MPs</p>	<p>Local Partners</p> <p>This category includes NHS and local authority partners who are directly or indirectly affected or interested in the Partnership - this would be close to the same list as for the STP footprint.</p> <p>Babergh Council</p> <p>Essex County Council</p> <p>Ipswich Borough Council</p> <p>NEE CCG Board</p> <p>IES CCG Governing Body</p> <p>STP Acute Transformation Programme Board</p> <p>STP Programme Board</p> <p>Suffolk Coastal District Council</p> <p>Suffolk County Council</p> <p>Tendring District Council</p>
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Suggested activity

Period / messaging	Phase 1	Phase 2	Phase 3
Staff	Staff briefings and internal communications setting out	Share and test strategic objectives and KPIs to make sure resonate with staff.	Share key points for feedback. Attend established staff meetings

	<p>purpose of strategy and how to get involved.</p> <p>Relevant case studies of work already underway</p> <p>Survey asking for 'time matters' priorities for following years</p> <p>Attend established staff meetings</p> <p>Use existing internal and external channels</p>	<p>(Align with HR/OD and values).</p> <p>Attend established staff meetings</p> <p>Use existing internal and external channels</p>	<p>Organise ad-hoc meetings</p> <p>Use existing internal and external channels</p>
Patients / public	<p>'Time matters' online and face-to-face survey</p>	<p>Share and test strategic objectives and KPIs to make sure resonate and relevant for patients and identify any potential concerns.</p> <p>Attend established patient / public meetings</p> <p>Use existing internal and external channels</p>	<p>Share key points for feedback and impact. Check use of language and best way to bring to life for public consumption.</p> <p>Attend established patient / public meetings</p> <p>Use existing internal and external channels</p> <p>Organise ad-hoc briefings / meetings as necessary.</p>
Stakeholders	<p>'Time matters' online survey</p>	<p>Share and test strategic objectives and KPIs to make sure resonate and relevant and identify any potential concerns.</p> <p>Attend established patient / public meetings</p> <p>Use existing internal and external channels</p>	<p>Share key points for feedback and impact.</p> <p>Attend established patient / public meetings</p> <p>Use existing internal and external channels</p> <p>Organise ad-hoc briefings / meetings as necessary.</p>

End.

Appendix 1

Recent engagement with the trusts' clinical community.

During and since preparation of the Full Business Case (FBC), we have engaged extensively with the trusts' clinical community and, in addition to non-face-to-face communication and programme governance meetings, there have been:

- 25 meetings with primary care, commissioners and members of the Suffolk and North East Essex STP
- 21 open staff meetings at the various hospital sites
- 9 presentations and discussions at Medical Staff Committees
- 17 meetings with various staff partnership and local negotiating committees
- 4 conferences or training days
- at least 8 updates at meetings of the clinical leads
- First meeting of the new Clinical Strategy Group chaired by ESNEFT's medical director.

In addition, there have been more than 50 meetings with clinical speciality teams and many more meetings and discussions with individual clinicians. These meetings have continued at a similar rate since submission of the FBC to document the existing service, consider strategic opportunities and capture plans for clinical integration following merger. The template used to capture this information is circulated to clinical teams on both sites and develops from a first draft through a number of versions to a final draft which is formally agreed by both teams. This process has now evolved to include the medical, nursing and managerial leads for the new organisation as they are appointed. From this engagement there is clearly a growing impetus for developing our collaboration further to create a fully integrated care system to continue to improve patient care.